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## \*BIBDATASHEET\*

CONFIRMATION NO. 4365

Bib Data Sheet

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/727,242 | FILING DATE<br>11/30/2000<br><br>RULE | CLASS<br>382 | GROUP ART UNIT<br>2625 | ATTORNEY<br>DOCKET NO.<br>P/3483-13 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

## APPLICANTS

Hongyang Chao, Denton, TX;

Howard P. Fisher, Denton, TX;

Paul S. Fisher, Denton, TX; Zeyi Hua, Denton, TX;

\*\* CONTINUING DATA \*\*\*\*\* *sm*

This application is a DIV of 09/038,562 03/11/1998 *now pending*  
 which claims benefit of 60/040,241 03/11/1997

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *sm*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/12/2001

|  |   |                           |                        |                       |                            |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <i>sm</i> Initials | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>11 | INDEPENDENT<br>CLAIMS<br>3 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 000002352  
 OSTROLENK FABER GERB & SOFFEN  
 1180 AVENUE OF THE AMERICAS  
 NEW YORK, NY  
 100368403

## TITLE

IMAGE COMPRESSION USING AN INTERGER REVERSIBLE WAVELET TRANSFORM WITH A PROPERTY OF PRECISION PRESERVATION

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>420 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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